PTO/SB/01 (09-04) Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduc ersons are required to resp

## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

A Jan

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

oond to a collection of information (	unless it contains a valid OMB control number.				
Attorney Docket Number	SBRI122224				
First Named Inventor	Haigwood, Nancy L.				
COMP	LETE IF KNOWN				
Application Number	10/719,004				
Filing Date	11/21/2003				
Art Unit	1653				
Examiner Name					

I hereby declare that:							
Each inventor's residence, maili	ing address, a	nd citizenship are a	s stated b	elow next to	their name	Э.	
I believe the inventor(s) named which a patent is sought on the			nventor(s)	of the subjec	ct matter v	which is clain	ned and for
AIDS VACCINES							
the specification of which		(Title of the I	nvention)				
is attached hereto							
OR			1				
was filed on (MM/DD/YY	YY)	11/21/2003	as Uni	ted States Ap	plication I	Number or P	CT International
Application Number 10/7	19,004	and was amended	on (MM/[	OD/YYY)	11/2	21/2003	(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application							
and the national or PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent,							
I hereby claim foreign priority inventor's or plant breeder's rig	benefits under thts certificate	r 35 U.S.C. 119(a)- (s). or 365(a) of anv	-(d) or (f), v PCT inte	, or 365(b) o ernational apr	f any fore olication w	eign applicati vhich design:	on(s) for patent, ated at least one
country other than the United S	States of Ameri	ica, listed below and	d have als	so identified b	elow, by	checking the	box, any foreign
application for patent, inventor's before that of the application on			ite(s), or a	iny PCT inter	national a	pplication na	iving a filing date
Prior Foreign Application Number(s)	Country	Foreign Filing		Priori Not Clai			Copy Attached?
Number(s)	Country	(MM/DD/YY)	1)	Not Clai	7	YES	NO NO
				<u> </u>	┥┃		
				_	-		불
					<u> </u>		
Additional foreign appl	lication numbe	ers are listed on a su	pplement	al priority dat	a sheet P	TO/SB/02B	attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

## **DECLARATION** — Utility or Design Patent Application

									<u></u>		
correspondence to: ass	e address cociated with stomer Number:						OR	V	Correspondence address below		
Name											
Thomas F. Broderick, Esq.											
Address Seattle Biomedical Research Institut	e, 307 Westlake Ave	e North, Sui	te 500								
City				State					ZIP		
Seattle				WA					98109-5219		
Country	T-	elephone					Fax				
US	206 256 7200				206 256 722			56 7229			
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and furthe le are punishable	r that the	se stat imprisc	ements onment	, or	ere made both, unde	with ter 18 t	the kno	wledge that willful false		
NAME OF SOLE OR FIRST IN	VENTOR:			etition l	nas	been filed f	for this	s unsiar	ned inventor		
Given Name (first and middle [if	any])				Family Name or Surna						
Nancy L.				Haigwood							
Inventor's Signature  Cancy Logo Residence: City	entag	woo	d						Date //-30-6 <b>f</b>		
Residence: City	State U			Country Citiz				Citize	nship		
SeaHle	WA			us us				US	IS		
Mailing Address Seattle Biomedical Research Institute	e, 307 Westlake Ave	North, Suit	te 500								
City	State			Zip					Country		
Seattle	WA			98109-5219					US		
NAME OF SECOND INVENTO						<u>.                                    </u>			or this unsigned inventor		
Given Name (first and middle [if	any])					Family Nar	me or	Suman	ne		
Inventor's Signature							•		Date		
Residence: City	State		Country			Citizenship					
Mailing Address			<del>.</del>								
City	State			Zip				Country			
Additional inventors or a legal reg	presentative are being r	named on the	) 5	uppleme	ntal s	heet(s) PTO/	SB/02A	or 02LR	attached hereto.		
	The state of the s			rr		3./					